

PROUD PARENTING PROGRAM
Project Summary

CONTRACT PERIOD:

ZIP CODE:

APPLICANT'S NAME:

Address:

Telephone: ()

FAX: ()

E-Mail:

BRIEF OVERALL PLAN DESCRIPTION:

PERSONNEL SERVICES (Grant-funded positions only):

No. of Full-time Paid Staff_____ No. of Part-time Staff_____

PROJECTED BUDGET:

Amount

Personnel Services:

Salaries/Benefits:

Total Personnel Expenses:

Amount

Operating Expenses:

Total Operating Expenses:

NAME OF PROJECT ADMINISTRATOR:

Signature:_____ Date:_____

Printed Name:_____

NAME OF REPRESENTATIVE, BOARD OF DIRECTORS

Signature:_____ Date:_____

Printed Name:_____ Date:_____